

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593014

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1				
3	2					
4	1					
5	/					
6	/					
7	2					
8	1					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	0					
24	0					
25	0					
26	0					
27	0					
28	0					
29	0					
30	0					
31	0					
32		1				
33			1			
34			1			
35		2				
36			1			
37		1				
38			2			
39			2			
40			2			
41			2			
42			3			
43			3			
44			3			
45			3			
46			3			
47			3			
48			2			
49			1			
50			2			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					2	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					2	
61					2	
62					1	
63					1	
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96						
97						
98						
99						
100						
TOTAL IND.					4	
TOTAL DEP.					54	
TOTAL CLAIMS					58	